



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

the cell is active it uses up oxygen faster than it receives it (katabolism overbalances anabolism), hence must come a period of rest from activity where anabolism has the upper hand. During the katabolic process the products of decomposition gather in the cell and clog its activities. Then the cell desires sleep. When the refuse has been cleared away and the waste made good by synthetic processes, the cell once more is ready for work, its protoplasm is irritable and explodes at the first stimulus, the cell awakes. When we transfer this picture to the cells constituting the higher psychic ganglia, and hold that mental activity is accompanied by and dependent on cerebral cell activity, we have a good explanation of the cause and phenomena of sleep. The author then explains the laws of sleep by application of the above hypothesis.

In considering dreams, Radestock is principally followed. The controlling centre being asleep, the lower centres are free to act as they have a chance, and are stimulated to activity either by impressions of the senses, or from the abnormal processes in the body, or lastly, by the spontaneous play of the least tired cerebral cells themselves, recalling memories that have not been in the mind for some time. Much comes from the vast region of the unconscious. In the elaboration of dream images, the laws of association will of course find free play. The attention not being fixed is freer to respond to faint impressions, hence incipient disease in the body is able to arouse prophetic dreams.

No attempt can be made to give a complete abstract of a paper like this, which is itself an abstract well worth reading. J. NELSON.

Zur Pathologie des Gedächtnisses. Von Dr. A. PICK. Arch. f. Psychiatrie, 1886, p. 83.

While partial amnesia, especially in the field of speech, has been carefully studied of late, comparatively little has been added during the last ten years to our knowledge of general amnesia, and the cases that have been studied with detail are mostly progressive and not regressive cases. A married woman of 27 as a sequel of peritonitis quite lost memory of her own name and age, marriage, child, etc. When she came to the asylum at Dobzean, of which the author is the director, she was unable to remember whether she had taken her meals, the day of the week, the year, whether she had ever seen the doctor, etc. Gradually, however, the details of her past life were recalled, recent and remote events revived, and at the end of three months her memory seemed quite normal. Optical memory images seemed most completely extinguished, so that the case may illustrate asymbolism in the changed sense that Wernicke gave to the term as originally suggested by Finkelnburg. In the case of patients who confuse persons and objects, get lost in well known streets, chew coal, exchange ingredients in cooking, loss of memory images is probably the real cause of what is often diagnosed as delusions. In this case the tests by questions, pictures, etc., were very numerous, and the law that the most familiar concepts of daily life were first regained was strikingly illustrated, thus affording the often desiderated complement to the frequent observation that these concepts were the last to be lost in regenerative cases. Koempfen's law that loss of memory proceeds backward in time from the trauma toward childhood, and return of memory is from the remoter past to the present, is also in general well confirmed in this case. But

during the period of convalescence the patient was strongly prone to localize events in time according to their vividness in her memory, indicating weakness of associative processes. The high degree of apathy shown by the patient in the lower stages of her mental obnubilation seems to have been due in part to the general exhaustion which weakened memory also, and also in part to the loss of the stimulus that a regular supply of memory images furnishes. This patient had so much better memory for auditory than for visual images in youth that the period of their return was separated by a marked interval. Loss of memory is so commonly associated with unrecoverable cases, or the restoration of memory, if it occurs, is too sudden to afford opportunity to study its stages, so that altogether this must be called a noteworthy case.

Illustrations of Unconscious Memory in Disease, including a Theory of Alternatives. By CHARLES CREIGHTON, M. D. London, 1886.

This book is a remarkable illustration of interpreting the physiological by the psychological, rather than the reverse, as is more often done, and seems to have been suggested by Hering's lecture on "Memory as a Function of Organized Matter," and by Hartmann's "Unconscious." Consciousness on the one hand and generation on the other represent the extremes of explicit and of implicit memory. Generation is potential, consciousness actual, memory. Every lapse from or retreat behind consciousness represents the tendency to involution toward the above acme of implicitness. Repairs and growth, especially of new tissue after traumatism, are a reminiscence of embryonic activity. The memory of development is concentrated in the ovaries, and ovarian tumors are fantastic and perverted productions. Reproduction is the deepest rooted memory. All diseases, in fact all reminiscences, perverted or not, is of earlier states or experiences of the individual or ancestral organism. A neurotic person, *e. g.*, has a retentive memory. Alternatives are means of habit-breaking. Does not the instinctive doubt which arises as to the soundness of Dr. Creighton's method imply a deep-seated distrust in the normative nature of consciousness?

Remarkable Case of Sudden Loss of Memory. F. P. DAVIES, M. D. (England). *Am. Journal of Insanity*, April, 1887.

A young man of 22 was brought to an English asylum in July, 1886, who had apparently lost all memory of his own name, friends, or past life. He habitually wore a puzzled look, and spent much time in trying to recall his past life. After a few days he began to have "inspiration." The name of a person he knew came back or was "revealed" to him, and later another; but both these persons when written to denied all knowledge of the man described. He became depressed, and wrote intelligent letters indicating much mental culture, to others, describing himself, but compelled to subscribe himself as "Unknown." His photograph was taken and sent in vain. After about four months it was half believed that he was malingering, and he was put into an unpleasant ward and told he should not leave it till he had ended his game and told his name and address. The next day these came back to him and he wrote letters to his friends and was taken away. His memory now returned rather rapidly. The author was convinced that the loss of memory was genuine, and that it came on during two days of helpless